

AMENDED IN SENATE JUNE 25, 2013

AMENDED IN ASSEMBLY APRIL 10, 2013

AMENDED IN ASSEMBLY APRIL 2, 2013

CALIFORNIA LEGISLATURE—2013–14 REGULAR SESSION

ASSEMBLY BILL

No. 496

Introduced by Assembly Member Gordon
(Coauthors: Assembly Members Ammiano and Atkins)
(Coauthors: Senators Lara and Leno)

February 20, 2013

An act to amend Sections 852, 2198, and 2198.1 of the Business and Professions Code, relating to medicine.

LEGISLATIVE COUNSEL'S DIGEST

AB 496, as amended, Gordon. Medicine: sexual orientation, gender identity, and gender expression.

Existing law creates the Task Force on Culturally and Linguistically Competent Physicians and Dentists. Existing law requires the Director of Health Care Services and the Director of Consumer Affairs to serve as cochairs of the task force. Existing law requires that the task force consist of, among other people, the Executive Director of the Medical Board of California and the Executive Director of the Dental Board of California. Existing law additionally requires the Director of Consumer Affairs, in consultation with the Director of Health Care Services, to appoint as task force members, among other people, California licensed physicians and dentists who provide health services to members of language and ethnic minority groups and representatives of organizations that advocate on behalf of, or provide health services to, members of language and ethnic minority groups. Existing law required the task

force to report its findings to the Legislature and appropriate licensing boards by January 1, 2003.

This bill would replace the Director of Health Care Services with the Deputy Director of the Office of Health Equity, or his or her designee, as cochair of the task force. The bill would also instead require the appointment of members to be made in consultation with the Office of Health Equity. The bill would authorize a designee of the Director of Consumer Affairs to serve as cochair of the task force and would authorize designees of the Executive Director of the Medical Board of California and the Executive Director of the Dental Board of California to serve as task force members. The bill would require the licensed task force members and advocate task force members to be providers of health services to, or advocates on behalf of, members of language and ethnic minority groups as well as lesbian, gay, bisexual, ~~and transgender~~ *transgender, and intersex* groups. The bill would require the task force to report its findings to the Legislature and appropriate licensing boards by January 1, 2016.

Existing law, the Cultural and Linguistic Competency of Physicians Act of 2003, establishes the cultural and linguistic physician competency program which is operated by local medical societies of the California Medical Association and is monitored by the Medical Board of California. That voluntary program consists of educational classes for all interested physicians and is designed to teach foreign language and cultural beliefs and practices that may impact patient health care practices and allow physicians to incorporate this knowledge in the diagnosis and treatment of patients who are not from the predominate culture in California. ~~Existing law also defines “cultural and linguistic competency” for the purposes of those provisions as meaning cultural and linguistic abilities that can be incorporated into therapeutic and medical evaluation and treatment, including understanding and applying the roles that culture, ethnicity, and race play in diagnosis, treatment, and clinical care, and awareness of how the attitudes, values, and beliefs of health care providers and patients influence and impact professional and patient relations.~~

This bill would additionally require the program to address lesbian, gay, bisexual, ~~and transgender~~ *transgender, and intersex* groups of interest to local medical societies. The bill would require the training programs to be formulated in collaboration with California-based lesbian, gay, bisexual, ~~and transgender~~ *transgender, and intersex* medical societies. ~~The~~

Existing law requires local medical societies to develop and distribute a survey for language minority patients to measure the degree of satisfaction with physicians who have taken the educational classes on cultural and linguistic competency described above.

This bill would also require local medical societies to develop and distribute a similar survey to lesbian, gay, bisexual, transgender, and intersex patients.

Existing law also defines “cultural and linguistic competency” for the purposes of those provisions as meaning cultural and linguistic abilities that can be incorporated into therapeutic and medical evaluation and treatment, including understanding and applying the roles that culture, ethnicity, and race play in diagnosis, treatment, and clinical care, and awareness of how the attitudes, values, and beliefs of health care providers and patients influence and impact professional and patient relations.

This bill would ~~also~~ redefine the term “cultural and linguistic competency” ~~as to also include~~ understanding and applying the roles that ~~culture, ethnicity, race,~~ sexual orientation, gender identity, and gender expression play in diagnosis, treatment, and clinical care, and awareness of how the attitudes, values, and beliefs of health care providers, patients, and society influence and impact professional and patient relations ~~developing behaviors that increase a patient’s satisfaction with, and trust in, his or her physicians and health care institutions.~~ The bill would also make related technical, nonsubstantive changes.

Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: no.

The people of the State of California do enact as follows:

- 1 SECTION 1. Section 852 of the Business and Professions Code
- 2 is amended to read:
- 3 852. (a) The Task Force on Culturally and Linguistically
- 4 Competent Physicians and Dentists is hereby created and shall
- 5 consist of the following members:
- 6 (1) The Deputy Director of the Office of Health Equity, or his
- 7 or her designee, and the Director of Consumer Affairs, or his or
- 8 her designee, who shall serve as cochairs of the task force.
- 9 (2) The Executive Director of the Medical Board of California,
- 10 or his or her designee.

1 (3) The Executive Director of the Dental Board of California,
2 or his or her designee.

3 (4) One member appointed by the Senate Committee on Rules.

4 (5) One member appointed by the Speaker of the Assembly.

5 (b) Additional task force members shall be appointed by the
6 Director of Consumer Affairs, in consultation with the Office of
7 Health Equity, as follows:

8 (1) Representatives of organizations that advocate on behalf of
9 California licensed physicians and dentists.

10 (2) California licensed physicians and dentists who provide
11 health services to members of language and ethnic minority groups,
12 as well as lesbian, gay, bisexual, ~~and transgender~~ *transgender*, and
13 *intersex* groups.

14 (3) Representatives of organizations that advocate on behalf of,
15 or provide health services to, members of language and ethnic
16 minority groups, as well as lesbian, gay, bisexual, ~~and transgender~~
17 *transgender*, and *intersex* groups.

18 (4) Representatives of entities that offer continuing education
19 for physicians and dentists.

20 (5) Representatives of California's medical and dental schools.

21 (6) Individuals with experience in developing, implementing,
22 monitoring, and evaluating cultural and linguistic programs.

23 (c) The duties of the task force shall include the following:

24 (1) Developing recommendations for a continuing education
25 program that includes language proficiency standards of foreign
26 language to be acquired to meet linguistic competency.

27 (2) Identifying the key cultural elements necessary to meet
28 cultural competency by physicians, dentists, and their offices.

29 (3) Assessing the need for voluntary certification standards and
30 examinations for cultural and linguistic competency.

31 (d) The task force shall hold hearings and convene meetings to
32 obtain input from persons belonging to language and ethnic
33 minority groups, as well as lesbian, gay, bisexual, ~~and transgender~~
34 *transgender*, and *intersex* groups, to determine their needs and
35 preferences for having culturally competent medical providers.
36 These hearings and meetings shall be convened in communities
37 that have large populations of language and ethnic minority groups,
38 as well as lesbian, gay, bisexual, ~~and transgender~~ *transgender*, and
39 *intersex* groups.

1 (e) The task force shall report its findings to the Legislature and
2 appropriate licensing boards on or before January 1, 2016.

3 (f) The Medical Board of California and the Dental Board of
4 California shall pay the state administrative costs of implementing
5 this section.

6 (g) Nothing in this section shall be construed to require
7 mandatory continuing education of physicians and dentists.

8 SEC. 2. Section 2198 of the Business and Professions Code is
9 amended to read:

10 2198. (a) This article shall be known and may be cited as the
11 Cultural and Linguistic Competency of Physicians Act of 2003.
12 The cultural and linguistic physician competency program is hereby
13 established and shall be operated by local medical societies of the
14 California Medical Association and shall be monitored by the
15 Medical Board of California.

16 (b) This program shall be a voluntary program for all interested
17 physicians. As a primary objective, the program shall consist of
18 educational classes which shall be designed to teach physicians
19 the following:

20 (1) A foreign language at the level of proficiency that initially
21 improves their ability to communicate with non-English speaking
22 patients.

23 (2) A foreign language at the level of proficiency that eventually
24 enables direct communication with the non-English speaking
25 patients.

26 (3) Cultural beliefs and practices that may impact patient health
27 care practices and allow physicians to incorporate this knowledge
28 in the diagnosis and treatment of patients who are not from the
29 predominate culture in California.

30 (c) The program shall operate through local medical societies
31 and shall be developed to address the ethnic language minority
32 groups, as well as lesbian, gay, bisexual, ~~and transgender~~
33 *transgender, and intersex* groups, of interest to local medical
34 societies.

35 (d) In dealing with Spanish language and cultural practices of
36 Mexican immigrant communities, the cultural and linguistic
37 training program shall be developed with direct input from
38 physician groups in Mexico who serve the same immigrant
39 population in Mexico. A similar approach may be used for any of
40 the languages and cultures that are taught by the program or

1 appropriate ethnic medical societies may be consulted for the
2 development of these programs.

3 (e) Training programs shall be based and developed on the
4 established knowledge of providers already serving target
5 populations and shall be formulated in collaboration with the
6 California Medical Association, the Medical Board of California,
7 and other California-based ethnic medical societies, as well as
8 lesbian, gay, bisexual, ~~and transgender~~ *transgender, and intersex*
9 medical societies.

10 (f) Programs shall include standards that identify the degree of
11 competency for participants who successfully complete
12 independent parts of the course of instruction.

13 (g) Programs shall seek accreditation by the Accreditation
14 Council for Continuing Medical Education.

15 (h) The Medical Board of California shall convene a workgroup
16 including, but not limited to, representatives of affected patient
17 populations, medical societies engaged in program delivery, and
18 community clinics to perform the following functions:

19 (1) Evaluation of the progress made in the achievement of the
20 intent of this article.

21 (2) Determination of the means by which achievement of the
22 intent of this article can be enhanced.

23 (3) Evaluation of the reasonableness and the consistency of the
24 standards developed by those entities delivering the program.

25 (4) Determination and recommendation of the credit to be given
26 to participants who successfully complete the identified programs.
27 Factors to be considered in this determination shall include, at a
28 minimum, compliance with requirements for continuing medical
29 education and eligibility for increased rates of reimbursement
30 under Medi-Cal, the Healthy Families Program, and health
31 maintenance organization contracts.

32 (i) Funding shall be provided by fees charged to physicians who
33 elect to take these educational classes and any other funds that
34 local medical societies may secure for this purpose.

35 ~~(j) A survey for language minority patients shall be developed~~
36 ~~and distributed by local medical societies, to measure the degree~~
37 ~~of satisfaction with physicians who have taken the educational~~
38 ~~classes on cultural and linguistic competency provided under this~~
39 ~~section. Local medical societies shall also develop an evaluation~~
40 ~~survey for physicians to assess the quality of educational or training~~

~~programs on cultural and linguistic competency. This information shall be shared with the workgroup established by the Medical Board of California.~~

(j) (1) Local medical societies shall develop and distribute a survey for both of the following groups of individuals to measure the degree of satisfaction with physicians who have taken the educational classes on cultural and linguistic competency provided pursuant to this section:

(A) Language minority patients.

(B) Lesbian, gay, bisexual, transgender, and intersex patients.

(2) Local medical societies shall also develop an evaluation survey for physicians to assess the quality of education or training programs on cultural and linguistic competency provided pursuant to this section.

(3) The information provided by these surveys shall be shared with the workgroup established by the Medical Board of California pursuant to subdivision (h).

SEC. 3. Section 2198.1 of the Business and Professions Code is amended to read:

2198.1. For purposes of this article, “cultural and linguistic competency” means cultural and linguistic abilities that can be incorporated into therapeutic and medical evaluation and treatment, including, but not limited to, the following:

(a) Direct communication in the patient-client primary language.

(b) Understanding and applying the roles that culture, ethnicity, race, sexual orientation, gender identity, and gender expression play in diagnosis, treatment, and clinical care.

(c) Awareness of how the attitudes, values, and beliefs of health care providers, patients, and society influence and impact professional and patient relations.

(d) Developing behaviors that increase a patient’s satisfaction with, and trust in, his or her physicians and health care institutions.